Comprehensive Stuttering Program

Developed by

Einer Boberg

Deborah Kully (1985)

Program Rationale

- Relies principally upon behavior modification techniques.

- Stuttering behaviors acquired through learning can be changed through learning.

Outline of Clinical Program

- Establishment - Learning to speak without stuttering in the clinic through the use of prolonged speech and other fluency skills

- Transfer newly learned speech patterns from clinic into outside situations.

- Maintenance - Work for several years in order to maintain the speech improvement through specific guidelines and clinical visits.

Program Phases

- **Baseline-** Refers to a measure of stuttering before treatment. Provides a basis for comparison as speech begins to change.

- **Identification-** Clients learn to identify and describe their stuttering behaviors to help them monitor and modify their speech in later phases of treatment.

- **Early Modification-** Develop a basic understanding of how client produces normal and stuttered speech. This would describe how stuttering interferes with production of normal speech and allows for exploration of how client can change speech through the use of prolongation.

Program Phases

- Prolongation- Client will learn to speak in a prolonged manner at a rate of about 60 syllables per minute. This will reduce the client's stuttering to about 1%.
  - Fluency skills introduced are short phrases, soft phrase onsets, soft contacts, and continuous airflow.
  - Client must demonstrate a level of proficiency with each skill in order to move from one step to the next.

Program Phases

- ## Rate Increase and Cancellation- Client will move towards normal speech by gradually increasing the rate through the stages of 90, 120, 150, and 190 syllables per minutes.

  - ### Cancellation- Introduced at 120 spm. Requires that clients stop immediately when they stutter. Repeat the stuttered word two or more times until they can say it fluently.

  - It is most important that clients use cancellation at all times, both inside and outside the clinic, so stuttering is not inadvertently reinforced.

Program Phases

- ## Self-Monitoring and Transfer Training – Client will practice monitoring at normal rate without the aid of the clinician or equipment. Client will practice rate changes in preparation for transfer.

  - Rate change will be used as a preventative with anticipated difficulty in a speech situation.

- ## Transfer- Client is to transfer the normal sounding speech learned in the clinic into non-clinic environments (generalization).

Self-Management Strategies

- Aspects are aimed at increasing clients skills in self-management as it is considered a prerequisite for success in maintaining a satisfactory level of fluency in the post-treatment environment.

- Fostered through involving the client in goal setting, decision making, and designing the transfer and maintenance activities.

General Overview

- Program Enrollments:
  - Intensive Residential
  - Intensive Non-Residential
  - Non-Intensive Non-Residential

- Short Term Intensive Stuttering Program
- Clients are expected to self monitor and use maintenance strategies
- Targets adults & adolescents with mild to severe stutter

Equipment

- Electronic Counting System (ECS)
  - Counts syllables and measures time
- Cassette recorder
- Wrist counter
  - Resembles a wrist watch
  - Recommended that clients wear it throughout maintenance program to count the number of stuttered syllables each day
- Calculator
- Video

Strengths

Weaknesses

- Assumes internal locus of control
- Provides many opportunities for practice and maintenance
- Intensive treatment plan – short term, but offers follow up

- Short program length may not benefit all clients
- Speech sounds very unnatural during the prolongation and decrease speech rate phase of the program

Presented by

- Jennifer Oeltjen
- Tarra Bailey